

Instruction of Mothers in Well Baby Care

A Program of "Talks" at Monthly Visits

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AS ADVISOR AND COUNSELLOR of mothers of infants in matters of preventive medical care of their babies, the author follows a procedure that is a means of giving a short course of infant care to every new mother along with the monthly supervision of her infant, especially through the second six months.

Soon after the birth of an infant the mother is reminded of the importance of emotional environment in shaping the life and personality of the child. Particular emphasis is placed on the mother and father enjoying their baby during its first year, since the direction of the child's disposition and personality is largely determined by the time he is one year old. The pattern may not be fixed at this time but will become so unless changed.

The parents must not be afraid to enjoy their baby and they should not confuse enjoyment with spoiling. Spoiling the child is teaching him to be unpleasant to get his normal needs. Bakwin¹ put it this way: "If a child feels confident of his parents' affection, esteem and respect, the parents can do almost everything wrong and the child will still turn out all right."

A great help in the enjoyment of the baby is the simplification of feeding brought about in recent years by modern methods of sanitation and preparation of milk and baby foods. One of the great advantages of breast feeding is that it simplifies care and, in freeing the mother from tedious time-consuming tasks, allows her time to enjoy the baby.

A new mother will be flooded with good advice freely bestowed by friends and relatives. She will need a place to park these well-meant but superfluous gems. She may tactfully say, "I will make note of your suggestion to ask the doctor." Thus, she removes the worry from her mind and flatters the would-be benefactor. A "worry list" saves the mother a lot of anxiety.

During the first six months concern is largely with diet and formula changes and additions. Modern sanitation, pasteurization, and almost universal home refrigeration, as well as the many excellent prepared evaporated milk and ready-made powdered preparations, have made formula problems largely a thing of the past. In recent years various formulas

• As advisor and counsellor of mothers, a physician can contribute greatly to preventive medical care of infants. Advice can be given piecemeal, but according to a program.

At birth the mother is reminded of the importance of emotional environment in shaping the life and personality of the child. The most important thing the mother and father do during the first year is enjoy their baby.

At six months each monthly visit includes a discussion period. First is the concept of balanced diet and control of diet. At the seventh month, the mother learns how to report an illness—how to get information she wants and to give information the physician wants. Eighth month: Care of minor illness—necessity for rest and the importance of withholding food to promote rest; and the importance of fluids. Ninth month: Discussion of shoes. Eleventh month: Training for toilet and other habits; discussion of attitude toward thumb-sucking. Twelfth month: Stress household accidents, which cause more deaths than all infectious diseases combined.

have been advocated as ideal—high protein, high calorie, plain whole milk, skim milk, pasteurized milk—all with equally satisfactory results. The simple procedure of adding a sufficient amount of boiled water to a can of evaporated milk to make one quart of formula makes a very simple and satisfactory feeding. Later, adding cereal for carbohydrate when needed avoids the conditioning of a baby to sweets.

The rush to start semi-solid foods motivated by well meaning and eager food companies is subsiding, for better reasoning. It is being recognized that many foods are not well assimilated during the first three months. Foods need be added only when they fulfill a purpose—not by age. Seeing pureed food so readily recognized in the stool the next day makes one wonder if it would not save the baby a lot of trouble to put the stuff in the diaper in the first place.

The canned vegetables, fruits and meats are great labor savers providing they are not set up as little tin gods—destroying mother's confidence in her own cooking. Mother may be afraid to feed the baby anything she has cooked herself. Unfortunate is the

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family that raises a baby in its home without improving the whole family's diet.

The modern trend in immunization has moved to a younger age. About three months seems to be the average now for starting. This is the time for maximum protection against whooping cough and immunization causes the infant less emotional disturbance. The immunization schedule shown here is one used by many pediatricians.

3 months	.....DPT*	Smallpox
4 months	.....DPT	
5 months	.....DPT	
1 year	.....DPT	Tuberculin
3 years	.....DPT	Tuberculin
5 years	.....DPT	Tuberculin
7 years	.....DPT	Tuberculin
10 years	.....DPT	Tuberculin

*Diphtheria-Pertussis-Tetanus.

During the second six months, each monthly visit has a discussion period in which attempt is made to highlight some important concept of the total picture of child care. At this time attention is given to "a balanced diet":

Milk.....	1 pint, minimum; 1 quart, maximum
Protein.....	1 egg or 2 tablespoons of meat or fish
Vegetable.....	2 to 5 tablespoons
Fruit.....	2 to 5 tablespoons
Cereal.....	2 to 5 tablespoons
Vitamins	
Sun Baths	

Attempt to get the parent to see an overall picture of a whole day's diet rather than two tablespoons of cereal at 10 a.m., etc. It really doesn't matter which food is given at any one meal.

A balanced diet can be based on the type of food least well taken; then equivalent proportions of all other foods may be given. It would be impossible to make the child take more of what he likes least. The old insistence that "a child should clean up his plate" should give way to its original meaning that not so much should be put on the plate. It could not possibly mean, as is often interpreted, that a child should eat all that someone puts on his plate.

Every child is born with certain inalienable rights which he defends to his utmost. These rights are: to eat, sleep, breathe and go to the toilet without interference or regimentation. Even a gentle dog growls when someone comes near him while he is feeding.

At the seventh month the mother is instructed on how to report an illness. She is taught how to collect and organize the information a doctor will want, specifically: (1) name and age; (2) main complaint; (3) symptoms and temperature, in order of occurrence; (4) treatment so far. She is told, also, to have paper and pencil ready at the time she calls. This little outline was conceived for the sole purpose of saving the physician endless listening and sifting of irrelevant data. In practice, this out-

line has halved the time consumed by numerous phone calls.

At the eighth month, instruction on the subject of the care of minor illnesses is given according to this outline:

I. Rest	II. Fluids (water)
Bed	Elimination:
Light diet	Bowels
Aspirin	Urine
Sedatives	Sweat
Nose drops	Breath
Cough syrup	Mobilize defenses
Steam	Regulate body chemistry
	Control temperature

In the older child, rest means in bed. Usually, sometime before the child is two years old, there comes an illness that is the golden opportunity to teach the child that when he is ill he stays in bed. This saves endless vacillation later on.

The most fruitful means of promoting rest lies in a light or reduced diet. Nature is not mistaken when she takes away the appetite at the first sign of illness. It takes more energy to digest the food eaten in one day than one would possibly exert in physical or muscular effort in a day. Appetite is an accurate barometer of well-being but it is as irrational to try to make a child well by making him eat as it is to heal a broken leg by making him walk on it.

The medical profession owes an explanation as to why physicians so glibly prescribe aspirin for children and then are astonished to see adults eat it like popcorn. The difference can be simply stated by saying that we put a child to bed and give him aspirin while an adult takes aspirin instead of going to bed. The chief value of aspirin for children is to relieve the aches and pains that make it difficult for him to rest. Its role in reducing body temperature has been over-rated. Sedatives, nose drops, cough syrup and steam inhalations, when they do any good, do it mainly by promoting rest and ease.

When instructions are given about fluids, the word means, primarily, water. Mothers have to be reminded that juices are mainly to provide taste. The primary purpose of fluids is to promote elimination. In medicine a generation ago castor oil and epsom salts performed this function, but now it is known that urging or forcing of fluids does it better with less side effect. There is an old medical saying that there never was a constipated water-drinker. This is not the whole answer but it emphasizes a basic truth. Scant or dark urine is a warning of dehydration. Even the sweat glands are important in elimination. That it takes fluids to breathe is seldom thought about. Especially when the nose is blocked the fluid loss through the breath can exceed that excreted by the kidneys and the breath is an exceedingly important means of elimination of noxious products.

All the defense mechanisms of the body require

fluids to mobilize the antibodies from their sources, to transport them and insure their ultimate function. Seventy per cent of the body weight is water. Of this 50 per cent is in the cells, 5 per cent in the blood stream. Only the 15 per cent intercellular fluid can be utilized to make up deficiencies and this is the site of the immunity response.

Body temperature can range from the eighties to 105° Fahrenheit without serious consequence but the pH of the blood must remain within a range of one point to sustain life. Chemical imbalance seldom occurs when sufficient fluids are available. That the human animal is dependent on fluids for temperature control is well known.

Now when the importance of fluids and rest is explained to a mother, she will not say, "What can I do for my child?" These fundamental symptomatic treatments rank in importance with specific therapy for more serious illnesses.

When the child is nine months of age, the use and misuse of drugs is discussed with the mother. Few households have adequate antiseptics. The purpose of antiseptics is to kill bacteria. It seems reasonable that every family with children should have available solution merthiolate for fresh cuts, tincture of mercresin (stainless) for infected lesions and, perhaps, antiseptic soap.

It can be explained that antibiotics do not kill but only inhibit bacteria, as the name suggests. A homely simile that seems to carry this impression is that you or I could lick our weight in wildcats if someone would tie them down but we don't want them untied when we have just started. Thus with antibiotics it is desirable to give adequate doses, at the outset, and to continue them long enough. It is true that in adults, who have a ready immune response, a single dose of penicillin at the onset of an infection can inhibit the invasion long enough for the body to overcome the infection. But in a child the same process is like damming back a flood of water—then releasing it to deluge him before his defenses are up.

At ten months, in discussing shoes, it is pointed out that there are only three reasons for wearing shoes: appearance, warmth, and protection from the hard surfaces upon which we live. Ordinary shoes do not support either the foot or the ankle. Babies' legs, at nine months to one year, look bowed because of under-developed anterior tibial muscles which support the arch. At this age a child is constantly kicking his toes for sheer glee and in so doing duplicates exactly all the tedious exercises that physical therapists prescribe for flat feet. A rigid shoe, at this age, is a most effective inhibitor of development of the arch.

An orthopedic or corrective shoe may give support but a normal shoe is an apparatus to hold a sole on the foot. A thick sole is useful for absorb-

ing the shock of pattering feet on hard surfaces.

At the eleventh month some of the habits of infants are considered, such as toilet training and thumb-sucking. A toilet is a comfort station, not a duty chair. A child's experience on the toilet should be a relief. He must be relaxed to get relief. Force or regimentation will not relax him. It is dangerous to set an age because there is no uniform time at which a child is ready for this relief.

Thumb-sucking is a problem that has confused and frightened many mothers. A certain amount is not abnormal and not, generally, harmful. But sometimes advice to let it alone forces inhibitions and fear upon a mother. She needs release to handle the problem as seems fitting to her. She should not be afraid either to let the baby suck or to stop him, as she wishes. The concept that he must suck for some inner security or satisfaction has, at times, been over-emphasized—so much so that the mother may actually feel duty bound to encourage him to seek this perverted sense of satisfaction. Not interfering with the child who wants to suck does not mean that he must be kept sucking for fear he won't get enough.

At the end of the first year is the opportune time to discuss one of the most important parts of child care—accidents. Accidents cause more deaths of children than all infectious diseases combined. As the physician completes the immunization procedures by giving the first booster and applying the tuberculin test, he can call attention to some of the most common causes of accidents: Hot stoves, scalding liquids, worn-out fuses and electric cords, cigarettes and fires, open pools, falling out of car, backing car over child, and unlocked cupboards.

When a child is one year of age he begins to get into things, and by the time he is two years old there is nothing in the house that he cannot reach. Put things out of reach? There is no "out of reach" for the aggressive child of two years. If some children are to be permitted to poison themselves, why select only the alert and aggressive ones? A locked cupboard in so convenient a place that it can be used for all dangerous drugs makes a splendid gift for a child's first birthday. (This advice for a locked cupboard has been so effective that, in the author's practice, the need for stomach pumping has decreased from a former incidence of ten to twenty a year, to one in two years.)

All the counselling of parents outlined here takes some little time but it also saves physicians a great deal of time where they can most appreciate it—in long, irrelevant telephone calls. The greatest dividend of all is the feeling of satisfaction from rendering a good and useful service and the appreciation of satisfied parents.

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I. Bakwin, H.: Lecture presented at the spring meeting of Academy of Pediatrics, New York City.